

FORM **CJ-17**  
(11-21-94)U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR  
THE NATIONAL INSTITUTE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION  
OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION  
U.S. DEPARTMENT OF JUSTICE**1995 CENSUS OF PUBLIC JUVENILE DETENTION,  
CORRECTIONAL, AND SHELTER FACILITIES**

Name of agency reporting

PLEASE CORRECT ANY ERROR  
IN NAME, MAIL ADDRESS, AND  
ZIP CODE  
↓**Data supplied by**

Name

Title

Mail address (Number and street/or P.O. Box/Route number and City, State, ZIP Code)

Telephone

Area code

Number

Extension

Fax Number

**RETURN TO****Bureau of the Census  
1201 East 10th Street  
Jeffersonville, IN 47132-0001**FROM THE ADMINISTRATOR  
OFFICE OF JUVENILE JUSTICE AND  
DELINQUENCY PREVENTION

On behalf of the Department of Justice, the Bureau of the Census is conducting the periodic census of publicly administered juvenile facilities. We are collecting this information solely for research and statistical purposes.

Department of Justice officials will use the data to develop programs under the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, and otherwise improve assistance provided to those concerned with juvenile problems. Since 1974, the Justice Department has also published these findings in a report series, "Children in Custody."

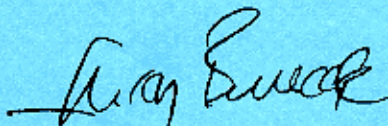
In order to complete data collection as soon as possible and permit early publication of census results, we will appreciate a prompt response, preferably within 4 weeks. If there are any items on the questionnaire for which answers cannot be readily obtained from available records, please provide reasonable estimates and identify them with an asterisk (\*). If we can be of help in completing the questionnaire, please call Ms. Peggy Ferguson on 1-(800) 352-7229.

Title 42, United States Code, Section 5652, provides the authority for conducting this census. While you are not legally required to respond, we need your participation to make the results of the census comprehensive, accurate, and timely.

We estimate that it will take from 30 to 120 minutes to collect this information, with 60 minutes being the average time per response. This includes the time for reviewing the definitions and instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collected. You may send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to Joseph Moore, Office of Juvenile Justice and Delinquency Prevention, 633 Indiana Avenue, NW, Washington, DC 20531; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project 1121-0096, Washington, DC 20503.

Thank you for your cooperation.

Sincerely,

Shay Bilchik  
Administrator, OJJDP

Enclosures

In correspondence pertaining to this report  
please refer to this number  
↑



**ANNUAL PERIOD COVERED BY THIS REPORT**

Indicate the period covered by this report. Data are requested for the calendar year January 1, 1994 through December 31, 1994, if possible. If you must report for a period other than a calendar year, report for the period that ended during calendar year 1994.

Beginning

Ending

Month

Day

Year

Month

Day

Year

DO NOT COMPLETE THE QUESTIONNAIRE FOR MORE THAN ONE FACILITY.  
IF MORE QUESTIONNAIRES ARE NEEDED, CALL (800) 352-7229.

**Section I****EXCLUSIONS**

If this facility falls into any of the following categories, you need NOT complete the remainder of the questionnaire. Simply mark (X) the appropriate box and return the questionnaire in the enclosed envelope.

- 1 ☐ This facility operates only a nonresidential community program – the juveniles receive counseling or educational services from this facility but do not stay here overnight.
- 2 ☐ This is a foster home for fewer than 3 juveniles.

**Section II****DEFINITIONS**

**Juvenile** – A person subject to the exercise of juvenile court jurisdiction for purposes of adjudication and treatment based on age and offense limitations as defined by State law.

For the purposes of the census, a person who was of juvenile age at the time of admittance is still considered a juvenile even though retained beyond the juvenile age, up to the maximum retention authority set by law.

For the purposes of this census, a person of juvenile age is still considered a juvenile even though tried as an adult in criminal court.

**Adult criminal offender** – A person subject to the original jurisdiction of the criminal court, rather than the juvenile court, because at the time of the offense the person was above a statutorily specified age.

For purposes of this report, **youthful offenders** should be considered adults. A **youthful offender** is a person adjudicated in criminal court, who may be above the statutory age limit for juveniles, but below a specified upper age limit, and for whom special correctional commitments and special record-sealing procedures are made available by statute.

**Committed or commitment** – Refers to placement of juvenile offenders following adjudication and any placement procedure. May be referred to as "placement."

**Detained or detention** – Refers to juveniles who are pending adjudication or who have been adjudicated but are awaiting disposition or placement. Include those juveniles undergoing diagnosis or classification before disposition or placement.

**Section III****ADULTS HELD**

**A. At any time during the annual period covered by this report, did the facility hold any persons who were admitted to the facility as adult criminal offenders, as defined by the laws of your State?**

- 035 1 ☐ Yes – Please complete B
- 2 ☐ No – Skip to section IV, item A

**B. Number of adults (criminal and nonoffenders) held on February 15, 1995 (In the data items which follow, please include or exclude these adults, as instructed.)**

Adult criminal offenders

Males  
(1)Females  
(2)

036

037

**Section IV****TYPE OF FACILITY****A. Facility type**

This facility is primarily a –

Mark (X) the one box that best describes this facility.

- 038 0 ☐ Detention center
- 1 ☐ Shelter
- 2 ☐ Reception or diagnostic center
- 3 ☐ Training school
- 4 ☐ Ranch, forestry camp, or farm
- 5 ☐ Halfway house or group home



**Section IV TYPE OF FACILITY - Continued**

**B. Custodial authority**

**Which of the following categories of juveniles does the facility usually hold?**

Mark (X) as many boxes as apply and **circle** the box that applies to the largest group of juveniles usually held.

- 039 ☐ Accused status offenders (held pending adjudication for an offense that would not be considered a crime if committed by an adult, e.g., truancy, incorrigibility, running away). Also include those juveniles charged with violation of a valid court order stemming from a previous status offense petition.
- 040 ☐ Adjudicated status offenders (also those juveniles adjudicated for violation of a valid court order stemming from a previous status offense petition)
- 041 ☐ Accused delinquent offenders (held pending adjudication for an offense that would be considered a crime if committed by an adult, e.g., felony, misdemeanor)
- 042 ☐ Adjudicated delinquent offenders
- 043 ☐ Nonoffenders (held for dependency, neglect, or abuse)
- 044 ☐ Other nonoffenders (held for emotional disturbance, mental retardation, etc.) - Specify
- 045 ☐ Voluntary admissions (juveniles who admitted themselves or were referred to the facility by a parent, court, school, social agency, etc., for treatment without being adjudged for an offense)
- 046 ☐ Other - Specify

**CENSUS USE ONLY**

047

**C. Reason for custody**

**For which of the following purposes does the facility usually hold juveniles?**

Mark (X) as many boxes as apply and **circle** the box that applies to the largest group of juveniles usually held.

- 048 ☐ Diagnosis and/or classification
- 049 ☐ Detention pending adjudication, commitment, or placement
- 050 ☐ Commitment/placement for treatment (except on probation or aftercare)
- 051 ☐ Probation or aftercare
- 052 ☐ Voluntary admission
- 053 ☐ Other - Specify

**CENSUS USE ONLY**

054

**D. Security arrangements**

Mark (X) one box.

**1. How would you describe the physical security for MOST juveniles at your facility?**

- 055 1 ☐ Strict (Maximum) 3 ☐ Minimum
- 2 ☐ Medium 4 ☐ None

**2a. Is your facility one that is designed and operated to ensure that all entrances and exits are under the control of the staff of the facility?**

Mark (X) one box.

- 056 1 ☐ Yes 2 ☐ No

**b. Does your facility rely on construction fixtures such as locked rooms, buildings, and fences to physically restrict free access of MOST residents into the community?**

Mark (X) one box.

- 057 1 ☐ Yes 2 ☐ No

**E. Community access**

**1. How would you describe the extent to which juveniles in the facility have routine access to activities and resources in the community such as schools, treatment, training or employment?**

Mark (X) one box. Do not include court appearances.

- 058 1 ☐ Most juveniles (50% or more) have routine access to community resources and activities
- 2 ☐ Some juveniles (less than 50%) have routine access to community resources and activities
- 3 ☐ Generally, no juveniles have routine access to community resources and activities - Skip to F

**2. How often are MOST juveniles allowed to leave your facility to routinely attend activities and utilize resources in the community? Mark (X) one box.**

- 059 1 ☐ Daily or almost every day 3 ☐ Less frequently than once a week, but at least once a month
- 2 ☐ About once a week 4 ☐ Less frequently than once a month

**3. For those juveniles who have routine access to community resources, are they usually accompanied by an official for supervision reasons?**

Mark (X) one box.

- 060 1 ☐ Yes 2 ☐ No



**Section IV TYPE OF FACILITY – Continued**
**F. Capacity**

**How many residents is your facility constructed to hold without crowding?** .....  
 (Examples of crowding include double bunking when a sleeping quarter is constructed for one resident, or temporary use of a room as a sleeping quarter that would not ordinarily be used as such.)

Design capacity

061

**G. Are there any definite plans to renovate this facility, or add to or close the structure, between now and February 15, 1996?**

Mark (X) one box.

062

- 1 ☐ Yes – Complete 1 through 5 below  
 2 ☐ No  
 3 ☐ Don't know } Skip to item H

Type of change planned – Mark (X) all that apply.

Number of beds to be added/removed

 063 ☐ Renovation or addition with increase in capacity (including temporary structures such as trailers, modular units, etc.) .....

064

 065 ☐ Renovation with no change in capacity .....

066

 067 ☐ Renovation with no change in capacity .....

069

 068 ☐ Closing part of facility with decrease in capacity .....

071

 070 ☐ Closing entire facility .....

**H. Age of facility**

**Is your facility a new one that was constructed or converted to a public juvenile facility since February 16, 1993?**

Mark (X) one box.

- 072 1 ☐ No – Skip to I  
 2 ☐ Yes – Please indicate the year it opened .....

073

Year

19

074

CENSUS USE ONLY

**I. Is this facility administered by –**

Mark (X) one box.

Administering agency or service

 Court services  
(a)

 Youth services/  
Juvenile corrections  
agency  
(b)

 Drug/Alcohol  
rehabilitation  
agency  
(c)

 Other –  
Specify in  
"Notes"  
(d)

 075 ☐ State .....

 1 ☐

 2 ☐

 3 ☐

 4 ☐

 076 ☐ One county .....

 1 ☐

 2 ☐

 3 ☐

 4 ☐

 077 ☐ One municipality .....

 1 ☐

 2 ☐

 3 ☐

 4 ☐

 078 ☐ Multi-governmental arrangement, e.g., 2 or more counties, a county and municipality, etc. . . . Specify       

 1 ☐

 2 ☐

 3 ☐

 4 ☐

 079 ☐ Private organization .....

**J. As a matter of practice, does your facility house –**

083

- 1 ☐ Males only?  
 2 ☐ Females only?  
 3 ☐ Both males and females?

**K. Physical Settings**

**In what kind of neighborhood is your facility located?**

Mark (X) the one box that best describes your immediate neighborhood.

084

 1 ☐ Big city or urban area

 2 ☐ Suburb near big city

 3 ☐ Small city or town

 4 ☐ A rural area



## Section V

## JUVENILE RESIDENTIAL POPULATION ON FEBRUARY 15, 1995

**A. What was the juvenile residential population at the facility on the one day, February 15, 1995?** - Include all juveniles who were ON THE ROLLS on the ONE DAY February 15, 1995 (as committed, detained, or voluntarily admitted residents). Exclude adults, if any. If counts are not available from records, please provide reasonable estimates and indicate with an asterisk (\*).

**1. TOTAL juvenile residential population ON THE ROLLS February 15, 1995**  
Sum of lines 2, 3, and 4 below

**2. TOTAL juvenile population COMMITTED to the facility - Sum of lines 2a through 2d**  
(Juveniles being detained should be reported in 3 below.)

**a. Committed delinquent offenders** - Juveniles who have been adjudicated for an offense that would be considered a crime if committed by an adult (e.g., felony, misdemeanor) and were committed to the facility

**b. Committed status offenders** - Juveniles who were adjudicated for an offense that would not be considered a crime if committed by an adult (e.g., truancy, incorrigibility, running away) and were committed to the facility. Also include those committed juveniles adjudicated for violation of a valid court order stemming from a previous status offense petition.

**c. Committed dependent, neglected, or abused nonoffenders** - Juveniles committed strictly for dependency, neglect, or abuse and other committed nonoffenders - Juveniles committed strictly for emotional disturbance, mental retardation, etc.

**d. Other committed juveniles** - Juveniles whose case records are unavailable and who therefore cannot be classified in one of the categories above

**3. TOTAL juvenile population DETAINED in the facility - Sum of lines 3a through 3d**

**a. TOTAL juvenile detained for delinquent offenses - Sum of a(1) and a(2)**

**(1) Juvenile who are pending adjudication for an offense that would be considered a crime if committed by an adult (e.g., felony, misdemeanor)**

**(2) Juvenile who have been adjudication and are awaiting disposition or placement for an offense that would be considered a crime if committed by an adult (e.g., felony, misdemeanor)**

**b. TOTAL juvenile detained for status offenses - Sum of b(1) and b(2)**

**(1) Juvenile who are pending adjudication for an offense that would not be considered a crime if committed by an adult (e.g., truancy, incorrigibility, running away). Also include those juveniles being charged with violation of a valid court order stemming from a previous status offense petition**

**(2) Juvenile who have been adjudication and are awaiting disposition or placement for an offense that would not be considered a crime if committed by an adult (e.g., truancy, incorrigibility, running away). Also include those detained juveniles adjudicated for violation of a valid court order stemming from a previous status offense petition.**

**c. Total detained nonoffender juveniles** - Juveniles detained for dependency, neglect, or abuse and juveniles detained for emotional disturbance, mental retardation, etc.

**d. Other detained juveniles** - Juveniles that cannot be classified in one of the categories above

**4. TOTAL number of juveniles voluntarily admitted to the facility**

Number	
Males (1)	Females (2)
085	086
087	088
089	090
091	092
093	094
097	098
099	100
101	102
103	104
105	106
107	108
109	110
111	112
113	114
121	122
123	124



## Section V

JUVENILE RESIDENTIAL POPULATION ON  
FEBRUARY 15, 1995 - Continued**B. What was the juvenile delinquent population, by offense, on the one day, February 15, 1995?**

Indicate the number of "committed delinquent offenders" and "detained delinquent offenders" by type of offense. - If a juvenile is committed or detained for more than one offense, report the most serious. If exact offense data are not available, please estimate and indicate with an asterisk (\*).

**1. TOTAL number of committed and detained delinquent offenders on February 15, 1995 - Sum of lines 2 through 9 below, should also equal amounts reported at section V, items A2a, A3a(1), and A3a(2) on page 5**

**2. Total crimes against persons**

- a. Violent crimes - Murder, non-negligent manslaughter, forcible rape, robbery, and aggravated assault
- b. Other crimes against persons - Negligent manslaughter, simple assault, sexual assault, etc.

**3. Total crimes against property**

- a. Serious property crimes - Burglary, arson, larceny-theft, motor vehicle theft
- b. Other property crimes - Vandalism, forgery, counterfeiting, fraud, stolen property, unauthorized use of a motor vehicle

**4. Alcohol related offenses - Drunkenness, liquor law violations, driving under the influence of alcohol**

**5. Total drug related offenses**

- a. Distribution of drugs (includes growing or manufacturing for the purpose of distributing)
- b. Other drug related offenses - Possession, use, or driving under the influence (includes growing or manufacturing for the purpose of self use)

**6. Public order offenses - Weapons offense, prostitution, commercialized vice, disorderly conduct, minor traffic offenses, curfew or loitering laws, and offenses against morals and decency and the like**

**7. Technical probation or parole violators - Violators of the terms of probation or parole only (those alleged or adjudicated of a new offense should be reported above)**

**8. Offense of juvenile unknown or unavailable at this time**

**9. Other - Specify**

Committed delinquent offenders (adjudicated)		Detained delinquent offenders			
		Pending adjudication		Adjudicated	
Male (a)	Female (b)	Male (c)	Female (d)	Male (e)	Female (f)
135	136	137	138	139	140
141	142	143	144	145	146
147	148	149	150	151	152
153	154	155	156	157	158
159	160	161	162	163	164
165	166	167	168	169	170
171	172	173	174	175	176
177	178	179	180	181	182
183	184	185	186	187	188
189	190	191	192	193	194
195	196	197	198	199	200
201	202	203	204	205	206
207	208	209	210	211	212
213	214	215	216	217	218
219	220	221	222	223	224



## Section V

JUVENILE RESIDENTIAL POPULATION ON  
FEBRUARY 15, 1995 - Continued

C. Indicate the number of committed status offenders and detained status offenders by type of offense.

1. TOTAL number of committed and detained status offenders on February 15, 1995 - Sum of lines a through g below, should also equal amounts reported at section V, items A2b, A3b(1), and A3b(2) on page 5

a. Running away

b. Truancy

c. Incurability

d. Curfew violations

e. Possession, purchase or consumption of alcohol beverage

f. Violation of valid court order stemming from a previous status offense

b. Other - Specify

Committed  
delinquent  
offenders  
(adjudicated)

Detained status offenders

Pending  
adjudication

Adjudicated

Male  
(a)

Female  
(b)

Male  
(c)

Female  
(d)

Male  
(e)

Female  
(f)

225	226	227	228	229	230
231	232	233	234	235	236
237	238	239	240	241	242
243	244	245	246	247	248
249	250	251	252	253	254
255	256	257	258	259	260
261	262	263	264	265	266
267	268	269	270	271	272

## Section VI

RESIDENTIAL POPULATION ON FEBRUARY 15, 1995,  
BY RACE AND ETHNICITY

## A. Population by race

What was the TOTAL residential (criminal and nonoffenders) population, BY RACE, on February 15, 1995? - If your facility held any adults on February 15, 1995, include them. If counts are not available from records, please provide reasonable estimates and indicate with an asterisk (\*).

1. TOTAL RESIDENTIAL POPULATION on February 15, 1995

Sum of lines a through e

a. White, not of Hispanic origin

b. Black, not of Hispanic origin

c. Total Hispanic origin\* - Sum of lines c(1) and c(2)

(1) White, Hispanic origin

(2) Black, Hispanic origin

d. American Indian/Alaskan Native

e. Asian or Pacific Islander

Juveniles

Adults

Male  
(a)

Female  
(b)

Male  
(c)

Female  
(d)

273	274	275	276
277	278	279	280
281	282	283	284
285	286	287	288
289	290	291	292
293	294	295	296
297	298	299	300
301	302	303	304

\*Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, excluding persons from Brazil, Jamaica, and Haiti.



**Section VII AGE OF JUVENILE RESIDENTIAL POPULATION**

Indicate in the appropriate box(es) below the number of JUVENILES of a specific age that were on the ROLLS on the ONE DAY February 15, 1995. - If counts are not available from records, please provide reasonable estimates and indicate with an asterisk (\*).

	Number			Number	
	Males (a)	Females (b)		Males (a)	Females (b)
1. Under 9 .....	305	306	8. 15 years of age .....	319	320
2. 9 years of age .....	307	308	9. 16 years of age .....	321	322
3. 10 years of age .....	309	310	10. 17 years of age .....	323	324
4. 11 years of age .....	311	312	11. 18 years of age .....	325	326
5. 12 years of age .....	313	314	12. 19 years of age .....	327	328
6. 13 years of age .....	315	316	13. 20 years of age .....	329	330
7. 14 years of age .....	317	318	14. 21 years of age .....	331	332

**Section VIII AVERAGE DAILY POPULATION**

What was the average (mean) daily residential population in the facility during the annual period covered by this report? - If counts are not available from records, please provide reasonable estimates and indicate with an asterisk (\*).

	Average daily population	
	Males (1)	Females (2)
A. All residents .....	333	334
B. Juveniles only .....	335	336

**Section IX POPULATION MOVEMENT AND LENGTH OF STAY****A. Length of stay**

In the annual period covered by this report, what was the average (mean) length of stay (in months and days) for juveniles held in the facility? - If counts are not available from records, please provide reasonable estimates and indicate with an asterisk (\*).

	Months (1)	Days (2)
1. All juveniles .....	337	338
2. Males .....	339	340
3. Females .....	341	342



## Section IX

## POPULATION MOVEMENT AND LENGTH OF STAY – Continued

**NOTE** – Item B should be completed for juveniles and adults, if any who have been committed to the facility. Those juveniles and adults being detained pending adjudication, disposition, or placement should be reported in item C. Voluntary admissions should be reported in item D.

**B. Movement of COMMITTED population during the annual period covered by this report.**

**1. TOTAL number of admissions** (An admission occurs each time a juvenile is admitted to your facility; if the same juvenile is admitted two times during the year, this is two admission transactions. Include persons who are commitments as well as first commitments, those returned from aftercare/parole, and those transferred in from another facility for juveniles. Also include AWOL's if returned after having been removed from the facility rolls.)

**2. TOTAL number of discharges** (A discharge occurs each time a juvenile is formally released; if a juvenile is formally released two times in one year two discharges have occurred. Include persons who are discharged with no further agency supervision as well as those discharged into an aftercare/parole program. Also include transfers out to another facility for juveniles and AWOL's if removed from facility rolls.)

**3. What was the average (mean) length of stay (in months and days) for all committed juveniles in the annual period covered by this report?**  
(Exclude adults, if any.)

Juveniles		Adult criminal offenders	
Males (1)	Females (2)	Males (3)	Females (4)
351	352	353	354
355	356	357	358
Months (1)	Days (2)		
359	360		

**NOTE** – Item C should be completed for those juveniles and adult, if any, being detained pending adjudication, disposition, or placement. Those juveniles and adults who have been committed to the facility should be reported in item B above.

**C. Movement of DETENTION population during the annual period covered by this report.**

**1. TOTAL number of admissions** to the facility for detention

**2. TOTAL number of discharges** from detention or transferred out of the facility

**3. What was the average (mean) length of stay for all detained juveniles in the annual period covered by this report?**  
(Exclude adults, if any.)

Juveniles		Adult criminal offenders	
Males (1)	Females (2)	Males (3)	Females (4)
361	362	363	364
365	366	367	368
Days			
369			

**D. Movement of VOLUNTARILY ADMITTED residents during the annual period covered by this report**

**1. TOTAL number of voluntary admissions**

**2. TOTAL number of voluntary discharges**

**3. What was the average (mean) length of stay (in months and days) for voluntary residents in the annual period covered by this report?**  
(Exclude adults, if any.)

Juveniles		Adult criminal offenders	
Males (1)	Females (2)	Males (3)	Females (4)
370	371	372	373
374	375	376	377
Months (1)	Days (2)		
378	379		



## Section X

## PERSONNEL

Count each staff member only once and report at the primary position that person fills.

**Payroll staff** – Full-time and part-time staff on the payroll of this facility.

**Nonpayroll staff (exclude community volunteers)** – Full-time and part-time staff who are NOT on the payroll of the facility. Include personnel of a parent agency or service (including school system) who are assigned for some or all of their working time to this facility; also include personnel paid under contractual agreements or Federal grants and college interns who receive class credit for their work at the facility.

**Community volunteers** – Full-time and part-time personnel who receive NO compensation of any type, such as salaries, payments, or class credit for their services at the facility.

#### A. TOTAL number of staff on February 15, 1995

Sum of lines 1 through 8

1. **Administrative staff** – Superintendent, director, administrator, assistant superintendent, business manager, etc.

2. **Clerical staff** – Stenographer, bookkeeper, switchboard operator, clerk, typist, etc.

3. **Treatment staff** – Personnel who provide professional services such as social workers, caseworkers, probation/aftercare (parole) worker, counselor, chaplain, recreation worker, classification officer, psychologists/psychiatrists, etc.

#### 4. Educational staff

a. Instructional staff only (teachers, vocational/educational and special education personnel, etc.)

b. Other educational staff

5. **Youth supervision staff** – Personnel who primarily are in charge of the daily handling of youth such as houseparent, group worker, cottage parent, matron, etc.

6. **Medical personnel** – Medical doctors, nurses, physical therapists, technicians, etc.

7. **Maintenance and culinary staff** – Housekeeper, maintenance person, cook and other kitchen staff

8. **Other staff** – Any other positions not included above – Specify

Payroll staff		Nonpayroll staff (Exclude community volunteers)		Community volunteers	
Full-time (1)	Part-time (2)	Full-time (1)	Part-time (2)	Full-time (1)	Part-time (2)
380	381	382	383	384	385
386	387	388	389	390	391
392	393	394	395	396	397
398	399	400	401	402	403
404	405	406	407	408	409
410	411	412	413	414	415
416	417	418	419	420	421
422	423	424	425	426	427
428	429	430	431	432	433
434	435	436	437	438	439

#### B. Staff by RACE, on February 15, 1995

What was the TOTAL number of payroll staff, BY RACE, on February 15, 1995?

If counts are not available from records, please provide reasonable estimates and indicate with an asterisk (\*).

#### 1. TOTAL number of payroll staff on February 15, 1995

(Sum of lines 2 through 7 below)

2. White, not of Hispanic origin

3. Black, not of Hispanic origin

4. Hispanic origin\* – Sum of lines 4a and 4b below

a. White, Hispanic origin

b. Black, Hispanic origin

5. American Indian/Alaskan Native

6. Asian/Pacific Islander

7. Unknown

#### Payroll staff

Male (1)	Female (2)
440	441
442	443
444	445
446	447
448	449
450	451
452	453
454	455
456	457

\*Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, excluding Brazil, Jamaica, and Haiti



## Section XI EDUCATIONAL, TREATMENT, AND MEDICAL PROGRAMS

**A. Educational programs (For juveniles while residents of your facility)**

For each of the following educational programs, indicate where the instruction is provided, and teacher employment status.

Type of program  (a)	Mark (X) the box(es) where instruction is provided		Teachers Mark (X) the box(es)		
	Inside facility (b)	Outside facility (c)	Salaried staff (d)	Public school employees <sup>2</sup> (e)	Other <sup>2</sup> (f)
<b>1. Basic academic instruction</b>	458 1 <input type="checkbox"/>	459 1 <input type="checkbox"/>	460 1 <input type="checkbox"/>	461 1 <input type="checkbox"/>	462 1 <input type="checkbox"/>
a. Formal elementary or secondary education					
b. Special education (e.g., for juveniles with learning disabilities or handicaps) – <i>Exclude tutoring.</i>	463 1 <input type="checkbox"/>	464 1 <input type="checkbox"/>	465 1 <input type="checkbox"/>	466 1 <input type="checkbox"/>	467 1 <input type="checkbox"/>
<b>2. Vocational/Technical education program</b>	468 1 <input type="checkbox"/>	469 1 <input type="checkbox"/>	470 1 <input type="checkbox"/>	471 1 <input type="checkbox"/>	472 1 <input type="checkbox"/>
<b>3. GED preparation</b>	473 1 <input type="checkbox"/>	474 1 <input type="checkbox"/>	475 1 <input type="checkbox"/>	476 1 <input type="checkbox"/>	477 1 <input type="checkbox"/>
<b>4. College program</b>	478 1 <input type="checkbox"/>	479 1 <input type="checkbox"/>	480 1 <input type="checkbox"/>	481 1 <input type="checkbox"/>	482 1 <input type="checkbox"/>

<sup>1</sup> Salaried staff include staff hired by the facility or parent agency.

<sup>2</sup> Public school employees include those hired by a State, county, municipal school system, or independent school district.

<sup>3</sup>Other includes, for example, private contract teachers, volunteer teachers, etc.

### B. Treatment programs

Listed below are a variety of general and specialized treatment programs for juveniles. For each type of treatment program, please indicate whether the service is provided for juveniles in your facility.

Type of program (a)	Program/Service available Mark (X) the appropriate box(es)	
	Yes (b)	No (c)
<b>1. Counseling programs</b>	483	
a. Psychological/psychiatric counseling (emotional/behavioral disorders)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Family counseling	484 1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Employment counseling (job readiness, etc.)	485 1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Health and nutrition (family life/sex education, health, personal hygiene)	486 1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. AIDS prevention	487 1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Other (e.g., parent effectiveness training) – Specify <i>✓</i>	488 1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>2. Specialized treatment programs for:</b>	489	
a. Juvenile sex offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Violent juvenile offenders	490 1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Juveniles with drug/alcohol dependency	491 1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Suicide risks	492 1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Juvenile arsonists	493 1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Other – Specify <i>✓</i>	494 1 <input type="checkbox"/>	2 <input type="checkbox"/>



**Section XI EDUCATIONAL, TREATMENT, AND MEDICAL PROGRAMS – Continued**
**C. Medical service**

1. When juveniles first arrive at the facility, do staff conduct an initial health screening to identify those who are sick, under the influence of drugs or alcohol, or potentially suicidal?

- 495 1 ☐ Yes  
2 ☐ No

If "Yes," are persons who conduct initial health screenings: *Mark (X) one box.*

- 496 1 ☐ licensed health care personnel?  
2 ☐ persons trained by licensed health care personnel?  
3 ☐ other personnel?

2. Are health assessments, consisting of a physical exam, blood pressure tests, urine samples, ear and eye exams, done as part of the admission process?

- 497 1 ☐ Yes  
2 ☐ No

If "No," is one conducted some time after the admission process? *Mark (X) one box.*

- 498 1 ☐ Yes  
2 ☐ No

3. Typically, how often are the following personnel available within the facility?  
*Mark (X) one box for each type.*

	Scheduled daily (1)	Scheduled less than daily (2)	On call (3)	Never – juveniles sent to outside health care facility (e.g., clinic, hospital emergency room, etc.) (4)
a. Doctor(s)	499 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Nurse(s)	500 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Nurse practitioner, physician assistant	501 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Mental health personnel (psychiatric social worker, psychologist, etc.)	502 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Section XII EXPENDITURES**
**Annual period covered by this report of expenditures**

Indicate the period covered by this report. Data are requested for the calendar year January 1, 1994 through December 31, 1994, if possible. If you must report for a fiscal period other than a calendar year, report for the period that ended during calendar year 1994 . . . . .

Beginning 503			Ending 504		
Month	Day	Year	Month	Day	Year

**A. Operating expenditures – Exclude expenditures for nonresidential programs.**

1. Gross salaries and wages, including room and board provided as all or part of salary compensation – *Exclude employer contributions to employee benefits and report in item 2 below.* . . . . .

505  
\$

2. Other operating expenditures, such as the purchase of food, supplies, contractual services, and employer contributions to employee benefits . . . . .

506  
\$

**B. Capital expenditures, including new buildings, purchase of land, major repairs or improvements, and new equipment – Enter "NA" if not available or "O" if facility had no capital expenditures.** . . . . .

507  
\$



**Section XIII COURT ORDER/CONSENT DECREE****A. Was your facility under a court order or consent decree for conditions of confinement on February 15, 1995?**

- 508 1 ☐ Yes - Answer item B below  
2 ☐ No - Skip to section XIV

**B. Reasons for court order/consent decrees - Mark (X) all that apply**

- 509 ☐ Crowded living units  
510 ☐ Fire hazard  
511 ☐ Staffing patterns  
512 ☐ Programs (education, training, counseling)  
513 ☐ Disciplinary practices  
514 ☐ Food service  
515 ☐ Medical  
516 ☐ General physical conditions (leaky roof, etc.)  
517 ☐ Other - Specify

**Section XIV NUMBER OF JUVENILE DEATHS**

**How many juveniles died while under the jurisdiction of this facility between January 1, 1994 and December 31, 1994? - Include juveniles who may not have been in custody at the time of death but were still under the jurisdiction of this facility, such as those sent to a hospital.**

**1. Total - Sum of lines 2 through 7** .....**2. Illness/natural causes - Exclude AIDS and report below.** .....**3. Acquired immune deficiency syndrome (AIDS)\*** .....**4. Suicide** .....**5. Homicide by other resident(s)** .....**6. Homicide - Other** .....**7. Other deaths - Specify**       **Juvenile deaths**

Male (a)	Female (b)
518	519
520	521
522	523
524	525
526	527
528	529
530	531

\*The immediate cause of death in AIDS mortalities may be Pneumocystis Carinii Pneumonia, Kaposi's Sarcoma, or other AIDS-related diseases.

**Physical address of facility (If different from mailing address)**

Name of facility

Mail address (Number and street/route number)

City

State

ZIP Code



